

CESAS-SO  
DEPARTMENT OF THE ARMY  
SAVANNAH DISTRICT, CORPS OF ENGINEERS  
P.O. BOX 889  
SAVANNAH, GA 31402-0889

DISTRICT REGULATION  
NO. 385-1-18

29 April 2002

Safety and Occupational Health  
AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM

1. Purpose. To prescribe the policies, responsibilities, and procedures for the use, care, and maintenance of Automated External Defibrillators (AED).
2. Applicability. This regulation applies to all Savannah District team members who may potentially use AEDs and are appropriately credentialed.
3. References.
  - a. EC 385-1-221, Safety - Automated External Defibrillator Use Policy, 21 June 2000, Expires 30 June 2002.
  - b. EM 385-1-1, Safety and Health Requirements Manual, 3 September 1996.
  - c. Public Law 106-505, Cardiac Arrest Survival Act, 13 November 2000.
4. Discussion. Team members of the Savannah District are at widely varying response times from local Emergency Medical Services should a medical emergency such as cardiac arrest occur. Cardiac arrest is defined as ventricular fibrillation, a disorganized erratic electrical signal from the heart that causes the heart to stop pumping blood effectively. This is not to be confused with a heart attack in which blood flow to parts of the heart (and body) is interrupted. AEDs are devices that analyze the heart's rhythm and, if necessary, tell the AED user to deliver an electrical shock. The electrical shock, called defibrillation, may help the heart to re-establish its normal rhythm. AEDs are easy to use and will not administer a shock unless necessary. It is vital to survivability that the heartbeat be re-established ASAP to avoid any permanent damage or death. The Cardiac Arrest Act of 1999 and the Cardiac Arrest Survival Act of 2000 are two legislative actions that prompted the Secretary of Health and Human Services to recommend deployment of AEDs in Federal Buildings.
5. Policy. AEDs are deployed in District locations with a positive needs assessment, based upon criteria found in EC 385-1-221. AEDs may be used by personnel with first aid, CPR, and AED specific training.

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6. Responsibilities.

a. The District Safety Office (SO) will:

(1) Provide program oversight and technical assistance to ensure compliance with the AED program.

(2) Evaluate the AED program annually to determine if its requirements are being fulfilled and if any changes to the program are necessary. Review AED use reports and monitor patient outcomes as they occur in conjunction with medical oversight physician. Maintain a quarterly AED use report.

(3) Maintain documentation of first aid, CPR, and AED use training by designated AED users.

(4) Coordinate medical oversight by a physician with each Area/Resident/Project Office with a field AED.

b. Each Area/Resident/Project Office or other activity requiring an AED will:

(1) Notify SO and local EMS of AED purchase and location. Indemnification statements should be requested from the manufacturer when an AED is purchased.

(2) Appoint an AED Coordinator in writing.

(3) Designate AED users in writing and ensure they are properly trained in first aid, CPR, AED use, and specific manufacturer training on the AED procured. Annual training shall be provided to all designated AED users. Documentation of training shall be maintained by the project with a copy provided to SO annually.

(4) Upon use of an AED, local EMS must be notified immediately. SO shall be notified of AED use within 24 hours of discharge by CESAS Form 1327 outlining the situation, circumstances of use, and critiquing the AED program.

(5) Each Office shall maintain rescue data from each AED used, making it available as soon as possible to the responding EMS unit. A copy of the rescue data will be provided to SO for coordination with the medical oversight healthcare provider.

(6) AEDs shall be inspected and maintained in accordance with the manufacturer's instructions. An inspection/maintenance log shall be maintained for each AED.

(7) Submit AED standard operating procedures (SOP) to SO for review initially and each time a change is made. SOP shall designate who will perform monthly and annual inspections and maintenance on each AED.

(8) Each office with an AED should make team members aware of the AEDs capabilities and location as well as the personnel trained in its use and their location.

7. Procedures. The AED user will follow procedures outlined in the local SOP in accordance with training and AED manufacturer's instructions.

1 Appendix  
App A – CESAS Form 1327

/s/  
ROGER A. GERBER  
COL, EN  
Commanding

Distribution F

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE REPORT**

(Privacy Act statement on back)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F (circle one)

Address: \_\_\_\_\_

City, State, and zip: \_\_\_\_\_

When Incident occurred date/time: \_\_\_\_\_

Where Incident occurred, location: \_\_\_\_\_

Upon arrival of 1<sup>st</sup> responder: Breathing: Y/N (circle one)  
Pulse: Y/N (circle one)Upon arrival of EMS: Breathing: Y/N (circle one)  
Pulse: Y/N (circle one)

CPR performed: Y/N (circle one) Number of Defibrillations: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Complication/Other Factors: \_\_\_\_\_

Narrative: \_\_\_\_\_

Critique of AED Program: \_\_\_\_\_

AED User: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY ACT STATEMENT

AUTHORITY: EC 385-1-221, Automated External Defibrillators (AED), 21 Jun 00, EM 385-1-1, Safety and Health Requirements Manual, 3 Sept 96, and Public Law 106-505, Cardiac Survival Act, 13 Nov 00.

PURPOSE AND USE: Used in collecting pertinent data to inform the EMS provider of patient current information, track medical outcomes, quality assurance purposes and program evaluation.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may be detrimental to the patient's health and may provide difficulty in administering the quality assurance and program evaluation aspects.